

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
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44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				